



VOLUNTEER APPLICATION

CONTACT INFORMATION	NAME		BIRTHDATE
	MAILING ADDRESS		
	CITY/STATE/ZIP		PHONE
	PHONE 2	EMAIL	
	EMERGENCY CONTACT NAME/PHONE		

VOLUNTEER INTEREST	<input type="checkbox"/> Adopt-A-Shelf	<input type="checkbox"/> Community Service	<input type="checkbox"/> DVD Examiner
	<input type="checkbox"/> Acquisition Assistant	<input type="checkbox"/> Book Delivery	<input type="checkbox"/> Delivery Services Assistant
	<input type="checkbox"/> Book Detective	<input type="checkbox"/> Door Greeter	<input type="checkbox"/> Page Assistant
	<input type="checkbox"/> Book Reviewer	<input type="checkbox"/> Scrap Booker	<input type="checkbox"/> Genealogy and Local History
	<input type="checkbox"/> Other		

Are you required to perform service hours for another agency or organization? If so, please name the agency and the number of hours required.

What days are you available to volunteer? Please check all that apply:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What time of day to you prefer? Morning Afternoon Evening

Number of hours per week you are available to volunteer: _____

To best meet your needs, please describe any particular goals or expectations that you have regarding volunteer opportunities at The Hayner Public Library District:

WORK EXPERIENCE

Please list your work experience here. Please list two of your most current employers, or your most current employer and one past job that relates to library work. Please mark Y/N if you are retired. _____

Employer	Occupation	Position/Title
Employer Address		City/State
		Phone

Employer	Occupation	Position/Title
Employer Address		City/State
		Phone

Have you volunteered at Hayner Library in the past? _____

If yes, please list the dates : _____

EDUCATION/SKILLS

- | | | | |
|--|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> High School | <input type="checkbox"/> Internet Navigation | <input type="checkbox"/> Access | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> College | <input type="checkbox"/> Publisher | <input type="checkbox"/> HTML | <input type="checkbox"/> Excel |
| <input type="checkbox"/> Graduate School | <input type="checkbox"/> Word | <input type="checkbox"/> PowerPoint | |

Please list your other skills/qualifications that you believe could be of use at the library:

REFERENCES

NAME	RELATIONSHIP
PHONE	EMAIL

NAME	RELATIONSHIP
PHONE	EMAIL

AUTHORIZATION FOR BACKGROUND CHECK

Please read and complete this form in the space provided below. Your written authorization is necessary for completion of the application process.

DRIVER'S LICENSE/STATE ID NUMBER		
EXPIRATION DATE	STATE ISSUED	SSN

I, _____, hereby authorize The Hayner Public Library District to investigate my background and qualifications for purposes of evaluating whether I am qualified for the duties for which I am volunteering. I understand that The Hayner Public Library District will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for volunteering will not be processed further.

Signature of Applicant

Date

Applicant's Name - Printed

If applicant is under the age of 18, please fill out the following:

Signature of Parent/Guardian

Date

Name of Parent/Guardian – Printed

Please Note:

All applications are reviewed and interviews scheduled when appropriate. Appointments are determined by volunteer interests and the needs of The Hayner Public Library District. Upon assignment, you will receive applicable training.

VOLUNTEERS 18 YEARS OF AGE AND OLDER

By my signature below, I verify that I understand the rights, responsibilities, and privileges of participation in the volunteer program. I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the library as soon as possible. I will also notify the library if I decide to stop volunteering.

Volunteer Signature: _____ Date: _____

VOLUNTEERS 12 THROUGH 17 YEARS OF AGE

By my signature below, I verify that I am a parent or guardian of the participant and I hereby consent to their participation in the volunteer program.

Parent Signature: _____ Date: _____

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the library as soon as possible. I will also notify the library if I decide to stop volunteering.

Applicant Signature: _____ Date: _____

FOR LIBRARY USE ONLY			
INTERVIEW DATE	INTERVIEWER	ORIENTATION	TRAINING
SUPERVISOR/DIVISION			
ASSIGNED TASK			
START DATE			